MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-590400

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	I						56						
7		/					57						
8		/					58						
9		/					59						
10	Cancel						60						
11	Cancel						61						
12	Cancel						62						
13	Cancel						63						
14	I						64						
15							65						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	8	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	11						TOTAL CLAIMS						

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